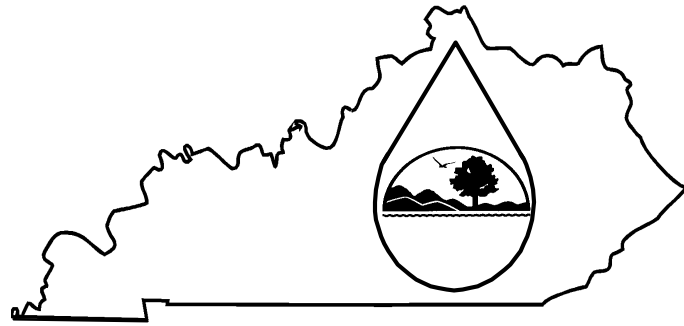


# KPDES FORM NOI-GW



## Kentucky Pollutant Discharge Elimination System

Permit No. KYG910000  
General Permit for Discharges of Treated  
Groundwater Associated With Remediation  
Activities Involving Gasoline and/or Diesel Fuel

### NOTICE OF INTENT PUMP AND TREAT ACTIVITIES

NOTE: This Notice of Intent (NOI) is applicable only for groundwater remediation pump and treat discharges. Authorization of the following ancillary discharges associated with remediation activities requires submittal of Form NOI-GWT, "Notice of Intent for Temporary Discharge Activities" (see Fact Sheet, Page 3, Part 2.B regarding requirements for ancillary discharges):

- a) Underground storage tank (UST) pit dewaterings.
- b) Treated water from monitoring wells.
- c) Pump test (e.g., aquifer yield test) discharges which occur for less than four (4) months.
- d) Hydrostatic tank test discharges.
- e) Other ancillary discharges associated with remediation activities (e.g., cleaning of equipment utilized during drilling activities).

#### I. APPLICATION TYPE (Check one)

- ☐ New/Proposed Project
- ☐ Previously Permitted Project  
Previous Permit No: \_\_\_\_\_ Issue Date: \_\_\_\_\_
- ☐ Modify Previously Submitted Application (Give reason(s) for modification under Item III A.

#### II. FACILITY LOCATION AND CONTACT INFORMATION

##### A. Name and Address of Facility Requesting Permit

Official Name:

Address:

City/State/Zip Code:

##### B. Location of Facility Being Remediated

Facility Name:

Street Address:

City/State/Zip Code:

County:

Telephone Number:

##### C. Facility Contact

Name/Title:

Company Name:

Telephone Number:

<b>III. DESCRIPTION OF DISCHARGES(S)</b>
A. If applicable give reason(s) for modification:

B. Provide information for all separate discharge points (i.e., outfalls). Attach additional sheets as necessary								
Outfall Number	Discharge Flow Rate (gallons per day)	LATITUDE			LONGITUDE			Name of Receiving Waters(s)*
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	

\* Attach a US Geological Survey 7.5 minute quadrangle map with all discharge points clearly marked (if discharge is to a ditch or storm sewer, indicate the discharge pathway from the ditch or storm sewer to the ultimate receiving water.)

Outfall Number	Months Discharge Occurs												Days of Week Discharge Occurs							
	J	F	M	A	M	J	J	A	S	O	N	D	S	M	T	W	T	F	S	
	A	E	A	P	A	U	U	U	E	C	O	E								
	N	B	R	R	Y	N	L	G	P	T	V	C								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- C. Description of Wastewater Discharged
- On a separate sheet, provide a description of the wastewater discharged for each outfall, including:
1. Source of contamination.
  2. Summary of analysis results for all pollutants known or believed to be present in the discharge. Analysis results reported must correspond to a recent sample; i.e., the sample must have been taken less than one year prior to the date of this application.

<b>IV. DESCRIPTION OF TREATMENT SYSTEM COMPONENTS</b>
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A. Check the applicable components being utilized for groundwater treatment:

- ☐ Oil/Water Separator
- ☐ Diffused Aeration
- ☐ Air Stripper
- ☐ Activated Carbon
- ☐ Other (specify):

- B. For existing treatment systems, please provide information for each treatment component checked in Item IV A. Include information as applicable regarding size, volume, capacity, design flow, removal efficiency (if known), manufacturers information (if available), design/sizing calculations, etc.
- C. Provide a schematic of the treatment system(s).
- D. Describe the fail-safe measures provided to ensure no system failures; i.e., no discharges of untreated groundwater.

#### **V. DISCHARGE MONITORING REPORTS**

Discharge monitoring reports (DMRs) are to be submitted on a regular schedule to the Division of Water (as defined in the general permit). Identify below the department, office or individual as being responsible for submitting DMR forms.

A. Name of department, office or official submitting DMRs

B. Address where DMR forms are to be sent. (Complete only if address is not provided in Section II.)

DMR Mailing Name:

DMR Mailing Street:

DMR Mailing City, State, Zip Code:

DMR Contact Phone Number:

#### **VI. WHERE TO SUBMIT**

Signed copies of this form must be submitted to the Inventory and Data Management Section of the KPDES Branch at the following address:

**Section Supervisor  
Inventory and Data Management Section  
KPDES Branch, Division of Water  
14 Reilly Road  
Frankfort Office Park  
Frankfort, Kentucky 40601  
Telephone: (502) 564-3410**

#### **VII. CERTIFICATION**

I certify under penalty of law that I have personally examined and I am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (Please type or print)

TITLE

SIGNATURE

DATE